

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/14/99
O.I.P.E. CLASSIFIER		16	7.19.99
FORMALITY REVIEW	<i>[Signature]</i>	649.37	72899

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral) Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1			11/18/02
2			11/18/02
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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